

**REPORT OF %PPD INCREASE
MEDICAL FILE REVIEW****INJURED WORKER INFORMATION**

Injured worker name

Claim number

Allowed conditions

Date of injury

PHYSICIAN'S NARRATIVE

Medical findings

Impairment determination

Whole person impairment by body part

A. Final combined whole person impairment for this claim number derived by the medical review physician using AMA *Guides to the Evaluation of Permanent Impairment, Fifth Edition*.

_____ %

B. Current Percentage of Permanent Partial Award (claim file)

_____ %

C. Additional Percentage Award (A-B) [Enter 0% if less than 0%]

_____ %

Based on the findings of the examining physician(s), _____, in the cited report which I hereby accept, it is my opinion that the additional percentage impairment derived above is an accurate reflection of the additional impairment resulting from the allowed conditions in this claim.

Medical review physician (please print or type)

Medical review physician signature

Date